

MY COPY 3rd GRIEVANCE

FORM #585MEDICAL GRIEVANCEFACILITY: D.C.C.DATE SUBMITTED: 7-19-04INMATE'S NAME: WILLIAM A. NEWSOMSBI#: 257317HOUSING UNIT: MHU 22 B7U

CASE #: \_\_\_\_\_

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 9-25-03 APPROX 2:00 PM

## TYPE OF MEDICAL PROBLEM:

I FILED A MEDICAL ON OCTOBER 22, 2003 + ON MAY 31, 2004 CONCERN IN A BROKE + DISLOCATED FINGER. I SIGNED A INFORMAL RESOLUTION ON 6-7-04 REQUESTING A GRIEVANCE HEARING. 1 1/2 MONTHS HAVE PASSED AND I STILL HAVE NOT HAD MY HEARING ON GRIEVANCE # 3920.

ALSO, I NOTIFIED MEDICAL TWO MONTHS AGO ON MAY 20, 2004 THAT I WAS ALLERGIC TO SEAFOOD. I HAVE PUT IN TWO SICK CALL SLIPS SINCE THEN TO SEE THE NUTRITIONIST FOR ALTERNATIVE MEALS. MEDICAL HAS FAILED TO HAVE ME SEE THE NUTRITIONIST.

GRIEVANT'S SIGNATURE: William A. NewsomDATE: JULY 17, 2004ACTION REQUESTED BY GRIEVANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

EXHIBIT "D"